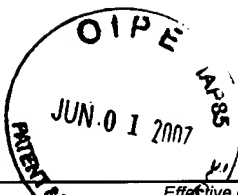


<b>MAILING REQUEST</b>		PLEASE PRINT	International - Routing				
ORIGINATED BY: E. Victor Donahue		DATE 05/29/07	<input type="checkbox"/> International <input type="checkbox"/> Registered <input type="checkbox"/> Air Mail Courier*				
BUILDING/FLOOR/STOP NO. 150/5/49	DEPT. CHG. NO. 88424	EXT. 3-2739	<input type="checkbox"/> Other Explain      *Customs forms will be provided by Shipping Dept. based on your complete description				
SHIP TO: (Street Address and Phone # Required on Label)			<b>Domestic Only - Routing</b>				
<div style="display: flex; align-items: center;"> <div style="flex: 1;">             Mail Stop Amendment              Commissioner for Patents              P.O. Box 1450              Alexandria, VA 22313-1450           </div> <div style="flex: 1; text-align: center;"> </div> <div style="flex: 1;">             Zip Code  <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> </div> </div>			<input checked="" type="checkbox"/> First Class <input type="checkbox"/> Insured <input type="checkbox"/> Messenger <input type="checkbox"/> Parcel Post (Third Class) <input type="checkbox"/> Registered <input type="checkbox"/> Truck <input type="checkbox"/> Book Rate (Fourth Class) <input type="checkbox"/> Certified <input type="checkbox"/> UPS				
SHIP-TO PHONE NUMBER: (      ) (Phone contact required for all two-day or next-day deliveries.)			<b>Domestic Only - Priority Options</b>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">QUANTITY</th> <th>COMPLETE DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td style="height: 50px;"></td> <td>Legal Documents re PC10228B US</td> </tr> </tbody> </table>			QUANTITY	COMPLETE DESCRIPTION		Legal Documents re PC10228B US	<input type="checkbox"/> Next Business Day <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Saturday Delivery Required. <small>Not all areas are serviced. Call Ext. 7796 to confirm your destination.</small>
QUANTITY	COMPLETE DESCRIPTION						
	Legal Documents re PC10228B US						
<input type="checkbox"/> No Value <input type="checkbox"/> Insure For \$ _____			<input type="checkbox"/> USPS Express Mail Next Day (For Post Office Boxes Only)  <input type="checkbox"/> Second Business Day  <input type="checkbox"/> U.S. Postal Service Priority Mail				
Other (Please explain here)			<b>SPECIAL SERVICES</b>				
			<input type="checkbox"/> No Signature Required (Federal Express, Express Mail) <input type="checkbox"/> Bill Recipient/Third Party; Account # _____ <input type="checkbox"/> Return Receipt (Certified, Registered, Express Mail, Priority Mail, Messenger) <input type="checkbox"/> Proof of Delivery (Fed Ex, DHL, U.P.S.) <input type="checkbox"/> Pick-up Only (Messenger or Truck) <input type="checkbox"/> Delivery & Pick-up (Messenger or Truck) <input type="checkbox"/> Hold at Messenger Center for Pre-Arranged Messenger/Courier Pickup <input type="checkbox"/> Other Explain _____				

8385-1(12/95) 3B

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BUILDING/FLOOR/STOP NO. 150/5/49	DEPT. CHG. NO. 88424	EXT. 3-2739	<input type="checkbox"/> Other Explain      *Customs forms will be provided by Shipping Dept. based on your complete description				
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Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)		Complete if Known																																																							
<b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		<b>Application Number</b>	09/863,976																																																						
		<b>Filing Date</b>	May 23, 2001																																																						
		<b>First Named Inventor</b>	Farzan Rastinejad																																																						
		<b>Examiner Name</b>	Timothy E. Betton																																																						
<input type="checkbox"/> Applicant claims small status. See 37 CFR 1.27		<b>Art Unit</b>	1614																																																						
<b>Total Amount of Payment</b>	(\$) 1,050.00	<b>Attorney Docket No.</b>	PC10228B																																																						
<b>METHOD OF PAYMENT</b> (check all that apply)																																																									
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																									
<input checked="" type="checkbox"/> Deposit Account: Deposit Account number <u>16-1445</u> Deposit Account Name <u>Pfizer Inc</u> For the above identified deposit account, the Director is authorized to: (check all that apply)																																																									
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																									
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																																																									
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038</b>																																																									
<b>FEE CALCULATION</b>																																																									
<b>1. BASIC FILING FEE</b>																																																									
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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees paid																																																		
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Provisional	200	100	0	0	0	0																																																			
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<p><i>(31 and 3 highest previously paid for)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20 (including Reissues)</td><td></td><td>50</td></tr><tr><td>Each independent claim over 3 (including Reissues)</td><td></td><td>200</td></tr><tr><td>Multiple dependent claims</td><td></td><td>360</td></tr></tbody></table> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>48</td><td>- 31 or HP= 17</td><td>x 50</td><td>= 850</td></tr></tbody></table> <p>HP= highest number of total claims paid for, if greater than 20</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Indep. Claims</th><th>Extra Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>4</td><td>- 3 or HP= 1</td><td>x 200</td><td>= 200</td></tr></tbody></table> <p>HP= highest number of total claims paid for, if greater than 3</p>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)		50	Each independent claim over 3 (including Reissues)		200	Multiple dependent claims		360	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	48	- 31 or HP= 17	x 50	= 850	Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	4	- 3 or HP= 1	x 200	= 200																										
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<b>3. APPLICATION SIZE FEE</b>																																																									
If the specification and drawings exceed 100 sheets of paper, (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Total Sheets</th><th>Extra Sheets</th><th>Number of each additional 50 or fraction thereof</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td></td><td>- 100=</td><td>/50=</td><td>(round up to a whole number) x</td><td>=</td></tr></tbody></table>				Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		- 100=	/50=	(round up to a whole number) x	=																																												
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<b>4. OTHER FEE(S)</b>																																																									
Non-English Specification, \$130 fee (no small entity discount)																																																									
Other: <u>5/29/07</u>																																																									
<b>Fees Paid (\$)</b>																																																									
<b>Submitted</b>																																																									
Name (Printed/Type)	E. Victor Donahue	Registration No.	35,492	Telephone	(212) 733-2739																																																				
Signature	<i>E. Victor Donahue</i>	(Attorney Agent)																																																							

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-pto-9199 and select option 2.